Case Number:	CM13-0064895		
Date Assigned:	01/03/2014	**Date of Injury:**	02/08/2006
Decision Date:	05/12/2014	**UR Denial Date:**	11/27/2013
Priority:	Standard	**Application Received:**	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year-old female who reported an injury on 02/08/2006. The mechanism of injury information is not provided in the medical record. The injured worker presented on 01/13/2014 for her postop visit for a right carpal tunnel release, and left carpal tunnel release. The patient previously underwent a left shoulder surgery. Objective findings upon examination of the right shoulder revealed no significant swelling or erythema noted. There was also no atrophy or ecchymosis noted. Range of motion was measured to forward flex ion at 75 degrees, adduction at 65 degrees, and external rotation at 40 degrees. Palpation of the right shoulder revealed crepitation in the subacromial area, tenderness over the subacromial area was noted as well. Pulses were good in the radial and ulnar artery. Reflexes were normal in the bicep, triceps and brachioradialis. Laxity testing revealed normal extension of knees and elbow. Stability testing was all negative. Examination of the left shoulder revealed no significant swelling, no erythema, no ecchymosis was present. Range of motion was measured with forward flexion at 90 degrees, adduction at 50 degrees, and internal rotation to sacroiliac joint and external rotation at 35 degrees. There was noted tenderness to palpation over the subacromial area, with crepitation in the subacromial space noted. Sensation was normal in the axillary, median, radial and ulnar nerves. Muscle strength was measured at 5/5 in the biceps, triceps and in the brachioradialis. Patient assessment revealed carpal tunnel syndrome ICD 9 code 354.0 bilaterally status post-surgery; impingement syndrome ICD 9 code 726.2 on the left side status post-surgery; and arthritis of the acromioclavicular joint to the left status post-surgery ICD 9 code 716.81; and calcifying tendinitis of the shoulder on the left status post-surgery ICD 9 code 726.11. The requested is for 90 Ultram 50 mg with 2 refills, 30 Mobic 15 mg with 2 refills, and 90 Neurontin 30 mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

90 ULTRAM 50MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: Per California MTUS opioid analgesics and tramadol have been suggested as a second line treatment alone or in combination with first line drugs. There is no documentation in the medical record of any failed attempts at the use of a first line treatment to treat the patient's condition. It is also noted, that the patient has been taking the requested medication for a significant amount of time, and it is stated that there should be documentation of pain relief and functional status with the use of the medication. As there is not documentation in the medical record of the patient receiving any significant pain relief or increase in functional capabilities with the use of the medication, and no documentation in the medical record was provided of any failed attempts at a first line treatment, the request for 90 Ultram 50 mg with 2 refills is non-certified.

30 MOBIC 15MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MELOXICAM (MOBICÂ®) Page(s): 61.

Decision rationale: Per California MTUS Guidelines, meloxicam is used to treat signs and symptoms of osteoarthritis. It is recommended at the lowest dose for the shortest period of time. There is no documentation in the medical record of the patient having a diagnosis of osteoarthritis. As California MTUS recommends the use of the lowest dose of this medication for the shortest period of time, and the requested dosage is not the lowest dose of the medication, and there is no documentation of the patient having attempted the use of the lower dosage of Mobic without success, and no documented functional gain with use of this medication, medical necessity for the request cannot be determined at this time. Therefore, the request for 30 Mobic 15 mg with 2 refills is non-certified.

90 NEURONTIN 300MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (AEDs) Page(s): 16-18.

Decision rationale: Per California MTUS Guidelines, it is stated that there is a lack of evidence to demonstrate the effectiveness of antiepileptic drugs to reduce myofascial pain. It is also noted that there should be documentation of a good response with the use of the medication. There is no documentation in the medical record of the patient's response with the medication. It is noted that the patient has been taking the requested medication for a significant amount of time, and continues to have significant complaints of pain. As there is no documentation of any significant decrease in the patient's pain or increase in her functional capabilities with the use of the medication, medical necessity cannot be determined for continued use. As such, the request for 90 Neurontin 300 mg with 2 refills is non-certified.